2:Ingrams G-5 (1934-35)1945 MM2 Hadhramaut MM2

He is no longer apt to be shot at by Government soldiers and he brings his troubles to the Government. The provincial governors and the district heads are better men and better paid than they used to be and all new candidates have courses of instruction before appointment. There are systems of State and tribal courts which are becoming more and more effective. There is a special department of bedouin affairs which is staffed entirely by Hadhrami tribesmen; five or six years ago no Hadhrami tribesmen were employed in any positions of responsibility.

As regards social services, in 1934 there was one doctor, mainly for the Sultan though he ran a public dispensary, and medical services cost Rs. 5,500 a year: in 1944 the sum voted was Rs. 74,000 for medical and sanitary services. There was an establishment of four doctors, and a State hospital for fifty in-patients was being built in Mukalla.

In 1934 education cost Rs. 6,000 and about three hundred boys received some sort of schooling. In 1944 Rs. 1,054,000 was provided. The number of boys in primary Government schools on the coast has increased to about seventeen hundred. There were between a hundred and thirty and a hundred and forty girls in the new Mukalla girls' school, and an intermediate boarding school, assisted by the British Council and a grant from His Majesty's Government, had been started with about eighty boys. As part of the famine relief measures, children were brought down from the Hadhramaut and have now been taken over by the Qu'aiti State which bought a village outside Mukalla and is now housing three hundred boys and girls in it. A wall enclosing garden land has been built round it and the children work the garden and are apprenticed to various local trades. They are given a modest schooling and it is hoped that they will also be taught by means of a village council to run their own village.

Another State educational experiment owes its impetus mainly to the enthusiasm of the young men of Mukalla. A number of young men have gone through a course organized by the Education Department in how to teach illiterate adults to read and write. These teachers compiled a coolies' vocabulary of seven hundred words or so and when I left were about to teach coolies from the Hadhramaut, who had come seeking for work at the coast on account of the famine, how to write the language they speak, a sort of basic Arabic. There are schemes for producing a small newspaper in this simplified form of speech and for developing some public-health consciousness.

What little the State could do towards the war effort it has done. It provided a company for guard duties in Aden while the Italians were in the war. It has raised a Pioneer Company for service in the Middle East Command. It has guarded the R.A.F. aerodromes in the State and provided coastal guards. The Public Works Department has built an R.A.F. station at about a third of the cost expected. It has landed and handled a great quantity of R.A.F. stores. In addition, at the outbreak of war when the surplus balance was about Rs. 80,000, it contributed Rs. 20,000 for general war purposes, and Hadhramis at home and abroad subscribed to a

2:Ingrams G-5 (1934-35)1945 MM2 Hadhramaut MM2

the first two or three years. It has its headquarters at Mukalla and posts in most of the more important bedouin areas. Service in it is now very popular and almost all tribes are represented. Its members are trained not only as soldiers but also as settlers of disputes by pacific means. The force runs, with Mukalla Government assistance, a small military hospital which is the first hospital to have been established in the Hadhramaut and serves all the forces. To promote bedouin education and bedouin agriculture and to control locusts, it has enlisted teachers and agricultural soldiers, and they are almost all young seiyids of good family who hitherto had thought it quite unheard of to do any work. They were enlisted as ordinary soldiers and went through some military training without arms but had to do all the ordinary fatigues such as digging and road making. The teachers were given a teachers' training course and they now operate an admirable boarding school for a hundred bedouin boys: district schools have also been started at some of the outposts. The teachers have dispensary courses at Aden so that in an elementary way medical assistance and education are now available in bedouin districts. At some of these places the teachers also run grain shops for famine relief, where Government grain is sold at cost price to bedouins.

A good start had also been made with a bedouin girls' boarding school. A few bedouin women are already proving successful as nursing assistants and I hope that some of these girls will afterwards become nurses and teachers.

So much for the Residency organization. The object has been to help the State to become effective in its government and to make the best use it can of its resources. I have always tried to look at things from the point of view of the State only, in the way that the treaty, as explained in the Note, required. But in view of the exclusive nature of the people I have in addition always worked as if I were one of them. I have, at their request, worn their clothes: as it is illegal to possess alcohol in the Hadhramaut, my house has always been "dry" and we have, outside the privacy of our own quarters, always lived as the country lives. I am sure that it is because of working and living as a part of the people that we have been able to do as much as we have. What I have done on my own initiative has not been questioned because it has not been felt that it was done by a foreigner or for a foreign Government.

As a Christian I had at first difficulty in finding acceptance by a community which feels it almost impossible to understand even the existence of Christian Arabs. In various parts of the country the objection was always brought up that the signing of treaties providing for advisers would mean the introduction of missionaries and the building of churches. I have always told them that missionaries would not be forced on them, and I have further said that these States were recognized as Muslim Arab States and that, as a member of an Arab Muslim Government, I felt it my duty to support the State religion. Personally, although I cannot claim any particular orthodoxy in religion, I find inspiration for my work in the

5:Gt. Brit., Colonial Office G-3 (1947) 1949 MM1 Aden
Hadhramaut MM21

Liaison

In the first half of 1947 the post of Protectorate Education Officer was filled, a post which had been vacant for a year. This Officer's duties include tours of inspection throughout the Protectorate, and advice and assistance, through the British Agents, where required.

In the Eastern Aden Protectorate advance was somewhat hampered by the absence of the Sudani Adviser for the greater part of the year on leave. However, estimates for grants under the Colonial Development and Welfare Act were prepared and despatched; these include schemes for enlarging the Intermediate School at Gheil Ba Wazir and for primary schools for the Kathiri State and Wahidi area. A number of scholarships for Hadhramis were given by the Governments of Syria, Egypt and Iraq.

HEALTH

Medical Report for the Western Aden Protectorate

His Majesty's Government finance a small medical service in the Western Aden Protectorate. The area covered is large, communications are poor and access to many parts is difficult. In consequence only a small proportion of the population, who are in great need of health services, can be visited and treated. Nevertheless, 16 dispensaries are maintained at strategic points in the Protectorate. New dressers are given instruction in hygiene and elementary medicine and nursing care, and are then sent out to open up new areas or to work with more senior dressers in the established dispensaries. They have to deal with diseases common to all races. Certain tropical diseases such as schistosomiasis and dysentery are very prevalent.

Drought and the vagaries of the climate also play their part in undermining the health of the inhabitants. The third year of drought in Sublihi country undoubtedly had an effect on the prevalence of tuberculosis, dental caries and vitamin deficiency diseases in that area.

Apart from the dispensaries in the Protectorate, the Keith Falconer Mission Hospital in Sheik Othman which trains the dispensers also welcomes up-country patients. More would come than do at present if ignorance and superstition did not prevail in the Protectorate. Again, for many the road to the hospital is physically difficult and it is certain that they come only as a last resort and after long deliberation. In consequence doctors do all they can to visit the dispensaries as frequently as possible and to spend adequate time at each one to treat the sick, and to give instructions to dressers to keep them up to date.

Famine Relief

During 1947 the situation in the Hadhramaut continued to improve. At the beginning of the year there were 1,112 persons being fed in the kitchens, which were closed by the end of March, leaving only Malja—a relief centre for those incapable of work—whose 716 inmates in March were gradually reduced to 227 in December. Nuqra dam, the major famine relief work undertaken, was finished in June. Remittances

6:Gt. Brit., Colonial Office G-3 (1948) 1950 MM1 Aden
Hadhramaut MM2

culture and winning a reputation for the Hadhramaut as a centre of religious education.

No parallel cultural or social development occurred in the recent past in the other areas of the Eastern Protectorate or in the Western Protectorate. Any development of education initiated by Government had therefore to contend with two different problems. On the one hand, there was in the Hadhramaut an appreciable number of cultured people who might become teachers after a short time of training, but in whom this advantage was offset by a tendency towards religious fanaticism and obscurantism. On the other hand, in the rest of the Protectorate the people were mainly illiterate and there was thus no immediate supply of potential teachers. This deficiency of trained teachers remains the biggest problem in Protectorate education to-day.

HEALTH

Western Aden Protectorate

The development of the Protectorate Medical Service was rather upset in the past three years by numerous changes of senior medical staff. However, one advantage came from this, namely that in the drawing up of a plan for future development, co-operative help and advice was given by every doctor and nurse who ever worked in the Protectorate.

At the beginning of the year, a three-month course was given for new tribal dressers, who were posted to work under senior dressers in the Protectorate.

It is estimated that in the course of the year 50,000 patients were treated in the 18 dispensaries. Malaria, dysentery, schistosomiasis and tuberculosis were the four most prevalent diseases. Obstetrical problems and gynaecology offer a very large field for research. Owing to customs necessitating the seclusion of women any estimate of these problems is pure conjecture. In spite of these restrictions, the Medical Officer attended a great many during his visits, especially in Beihan at the very edge of " the empty quarter " of Arabia. A number of those who otherwise would never receive surgical treatment were flown down to the hospital at Aden. Venereal disease was unfortunately on the increase in Abyan, where crowds of people of all kinds came to find work in the agricultural project there.

Many visits including some of several days duration were paid by the Medical Officer to the various dispensaries in the Protectorate during which between 4,000 and 5,000 selected patients were treated. Besides those patients who found their own way down to hospital in Aden, 150 or more were brought down on the Protectorate Medical Officer's recommendation.

HOUSING

The settled Western Aden Protectorate population is housed for the main part in mud-brick and stone dwellings, while the nomads live under camel-hair tents, straw huts, thatched-palm huts and even under matting placed over vegetation or trees.

7: Gt. Brit., Colonial Office G-3 (1949-50) 1951 MM1 Aden
Hadhramaut mm2

A case of smallpox in Audhali area was immediately and effectively dealt with by Dr. Affara, also from the Keith Falconer Scottish Mission Hospital, and 4,500 people were vaccinated. 744 751

Eastern Aden Protectorate

In the Eastern Protectorate, advances in medical and public health services were retarded in early 1949 by lack of staff. It was not until late in 1950 that the staff situation was relieved by the arrival of a medical officer from India for the Kathiri State and of a German lady doctor from Germany for Shibam. 744

With the obvious exception of cases of scurvy and malnutrition during the famine of 1949, there was a very mild outbreak of small-pox in Mukalla in February and March, 1949, and sporadic outbreaks of malaria in particular in the coastal areas, and the health of the population has been reasonably good in the past two years. [164]

Stringent and vigorous anti-malarial measures were started in January, 1950. All pools, including the source of water supply in the vicinity of Mukalla and Shihr were oiled or stocked with larvae-consuming fish, and water collecting tanks were closed and cleaned out weekly.

An additional sanitary inspector in Mukalla was appointed during 1950.

In October, 1950, Dr. R. B. Smith, Acting Protectorate Medical Officer, was invited to visit Eastern Aden Protectorate and his recommendations on the best methods of improving and safe-guarding public health are being implemented.

In November, 1950, four soldiers of the Mukalla Regular Army and two of the Kathiri Armed Constabulary proceeded to the Keith Falconer Mission Hospital, Sheikh Othman, on an anti-malarial course for three months. 744 759

HOUSING

No greater contrast could be imagined than exists in the houses of the Aden Protectorate. 342

The most elementary are the goat-hair tents of the nomadic people, and the even more primitive shelters of some shepherds, consisting only of a mat hung on poles, or spread over a branch of a bush.

The simplest form of house for the settled population, or those who stay for some period in a place to work at harvest time, is a kind of inverted nest of brush-wood, with a little matting incorporated in places. This provides privacy and shelter from the sun, though not of course from rain if it falls, or from the all-pervading dust storms.

The most common type of permanent house is built of mud-brick in the plains and rough stones bound with mud in the hill districts, and more rarely of squared stones. Rooms are generally small (long timber being very scarce) and dark, affording a relief from the glare outside; ventilation is usually adequate and the thick walls provide

8:Gt. Brit., Colonial Office G-3 (1951-52)1954 MM1 Aden
Hadhramaut MM2

000 remedies and sulphamezathine in small containers with instructions in Arabic.

Organisation and Policy

647 The health administration has a triple aspect : (a) co-ordination
743 and standardisation in the interests of efficiency, (b) direction of
759 activities financed by Her Majesty's Government, that is health work among States with as yet no health services of their own, and (c) advice and practical help to administrations with health services and doctors in their own employment.

There is a Health Adviser, with headquarters in Mukalla (Eastern Protectorate) and a sub-headquarters in the West at Sheikh Othman, and two Protectorate Medical Officers, one for the East and one for the West. The Protectorate Medical Officer and a nursing sister-midwife have been lent by the Keith Falconer Mission Hospital and are paid for by Her Majesty's Government.

In the West the Fadhli and Lower Yafa'i States have a joint health service under the control of a Health Board on which is represented the Abyan Board (the local agricultural development body), which contributes to the health service budget and is building a base hospital associated with a health service training centre for the Western Protectorate. The health service has a Senior Medical Officer in executive charge. Lahej State has a hospital half built and has budgetted for a doctor in the near future.

In the East the Qu'aiti health service has a Senior Medical Officer based on Mukalla Hospital and responsible for the Southern Qu'aiti District, and one woman doctor based on the newly built Shibam Hospital in the Wadi Hadhramaut and responsible for the Northern Qu'aiti District. The Kathiri health service has a Senior Medical Officer based on Sai'un in the Wadi Hadhramaut. The Wahidi health service came into being in 1952 and has an embryo hospital building. The Qu'aiti and Kathiri States have State Health Boards. Good progress is being made with the provision of accommodation, staff and equipment at Mukalla Hospital, which is to be a health service training centre and base hospital for the Eastern Protectorate.

Each hospital has a system of administratively dependent health units staffed by literate personnel who are being increasingly trained in preventive and therapeutic skills. The Keith Falconer Hospital of the Church of Scotland Mission at Sheikh Othman continues for the present, as it has been for the past 25 years, as the administrative and training base for most of these health units in the Western Protectorate. It is the intention to transfer these functions gradually to the local administrations. Mobile health units are based on Sheikh Othman in the West and Mukalla in the East.

Work by Voluntary Bodies

743 Church of Scotland and Danish Mission sisters and midwives have
741 established clinics at Dathina, Abyan, and Beihan. The Aden Society for the Blind late in 1952 carried out a small but valuable survey and treatment campaign in the Western Protectorate.

8:Gt. Brit., Colonial Office G-3 (1951-52)1954 MM1 Aden
Hadhramaut MN2

Appendix: Aden Protectorate Health Service

STAFF

759

Category	Her Majesty's Government	Fadhli & Lower Yafa'i	Qu'aiti	Kathiri	Wahidi	Non-Government	Totals
Doctors	3	1	4	1	—	1	10
Nursing Sisters and Midwives	1	—	—	—	—	3	4
Technical Assistants (Hospital, pharmacy, laboratory, etc.)	2	—	10	—	—	—	12
Health Assistants	29	8	19	8	4	—	68
Senior Health Inspectors	—	1	1	—	—	—	2
Health Inspectors and Overseers	—	1	9	2	—	—	12
Head Sick Attendants	—	—	2	1	—	—	3
Sick Attendants	—	—	15	3	—	—	18
Health Technicians (trained sprayers)	—	6	6	—	—	—	12
Ancillary Staff (clerk, driver, etc.)	9	4	4	1	—	—	18

N.B.—Sanitation labour, such as sweepers, is not included.

EXPENDITURE

652

Service	1951–52 Capital	1951–52 Recurrent	1952–53 Capital	1952–53 Recurrent
	£	£	£	£
Her Majesty's Government‡	4,250	11,573	5,340	15,114
Fadhli–Lower Yafa'i Health Service	3,600	9,331	1,100†	14,403
Lahej State	—	not known	300	1,185
Amiri State	—	60	—	150
Shaib State*	—	140	300	—
Audhali State*	—	not known	250	50
Dathina State*	—	—	50	200
Beihan State	—	—	—	300
Upper Aulaqi State	—	—	—	5
Qu'aiti State	262	11,405	1,987	14,261
Kathiri State	—	2,424	300	2,582
Wahidi States*	—	14	360	280
TOTAL	8,112	34,947	9,987	48,530

* These figures are approximate.

† In addition the Abyan Board is building a hospital at Makhzan for £20,000 as a free service to the joint State Health Service.

‡ Estimates. Actual total expenditure by H.M.G. amounted to £14,036 in 1951-52 and £16,110 in 1952–53.

24:Meulen and Wissmann T-3 (1931)1932 MM2 Hadhramaut MM2

Against the walls there are cushions on which to recline. The ugly modernity of mirrors fixed into the ceiling has been introduced into el-Bārr's house. Also, the old Ḥaḍramī colours of rust-red, black and white, which harmonize so well with the brown wood and with the lighter brown mud, have had some ugly new ones added to them.

In order to give pleasure to the family we take some more photographs of grown-ups and children. The household slaves and their jet-black children are with us in the *madjlis*; they serve round coffee and tea and many sweets, and talk with us, but nevertheless remain modestly in the background.

One can see from the many negro types in the streets and plantations that there are a great many slaves in Wādī Dō'an. They are employed for work on the land and as domestic servants.

In the afternoon we did what we could to treat a great number of patients, who came to us to ask for medicines or to have wounds and ulcers attended to. We could do little, however; and what, in any case, is the use of but one treatment? In all Ḥaḍramaut and its surroundings there is only one doctor with a western training. It is again the progressive Sayyid Abū Bakr el-Kāf who has got this young Indian doctor to come here, but his work lies in far-away Terīm. The rich go sometimes to Aden to consult a doctor, and the Mission Hospital at Shēkh 'Uthmān near Aden is also known to a few.

Towards evening I stroll with Sayyid 'Aluwī to Qāret Āl el-Miḥḍār, half an hour distant, where lives Sayyid Muṣṭafā bin Aḥmad el-Miḥḍār, to whom we have a letter from the Vizier at Makalla. Our reception is particularly friendly. The old sayyid has seen something of the world, and he compares life in Wādī Dō'an to sleep, which is something like death. I am urged to talk constantly and the atmosphere grows so friendly that he takes me with him to his other and larger house and shows me all over it, having first, with his own hands, shut in his young wives behind bolted doors and hung the keys on his belt. The wives take their revenge by having a good look at the stranger from the flat roof.

62:Simmons et al G-5 (1941-1951) 1964
M1 Middle East
ADEN MMI
HADHRAMAUT MM2

sistent progress in breaking down the prejudices of the Arab community. In 1950, a venereal disease treatment center functioned in the Civil Hospital, and a second center at the mission hospital was subsidized by the government. In that year, small dispensaries were conducted in Aden by the Sudan Interior Mission and the Danish Church Mission, and two clinics were operated by private physicians.

Two small hospitals, with a combined total of 60 beds, were located at Mukalla and Ash Shihr, in Eastern Aden Protectorate, in 1950. A child welfare center was organized in Mukalla, while 15 dispensaries were active in scattered towns in the coastal region and the Hadhramaut. Eighteen dispensaries were in operation in different parts of Western Aden Protectorate.

Laboratories. The principal medical laboratory is that of the Civil Hospital at Crater, in Aden township. It is equipped for the performance of clinical, serologic and microscopic examinations. Clinical laboratory facilities are also available at the mission hospital.

Schools. There are no schools for the training of medical personnel, but government scholarships are provided for professional study and for postgraduate work at schools in the eastern Mediterranean countries or in the United Kingdom.

In 1948, a course designed to improve the standards in midwifery was started at the Maternity and Child Welfare Clinic at Crater. Practical training in nursing is given to men and to a limited number of girls at the Civil Hospital. The Keith Falconer Mission Hospital undertakes the training of medical assistants for work in the dispensaries in Western Aden Protectorate.

Personnel

Physicians. The number of civilian physicians practicing in the Colony totaled 26 in 1950. Nine medical officers and 13 assistant medical officers were affiliated with the Medical and Health Department of the

Colonial government. Five physicians were working in the eastern protectorate; one in the western.

Dentists. In 1950, there were 3 dentists in Aden, one of whom was employed on the government's school health program.

DISEASES

The statistics compiled from the reports of cases of illness and death in the Colony are apt to give an erroneous impression of the health status of the local inhabitants, since a considerable proportion of the cases treated in hospitals and dispensaries are immigrants from Yemen or the Protectorate. Large numbers enter the Colony each year as transient laborers or traders, while others seek medical attention which is nonexistent in their home communities. The majority are undernourished and live in miserable, crowded quarters under conditions which facilitate the spread of infection. Morbidity and fatality rates in the immigrant population are abnormally high, and affect adversely the health statistics of the Colony as a whole. In the absence of adequate laboratory facilities, the diagnosis of many diseases is necessarily provisional, and the differentiation of various types of infection is seldom made. Moreover, from 10 to 15 per cent of the deaths are usually recorded under the heading "other fevers."

The health facilities in the Protectorate are of recent origin, and although dispensaries have been established in increasing numbers within the last two decades, they are elementary and serve only a small fraction of the population. The meager information derived from the reports of a few medical observers who have toured sections of the interior and from records of admissions to the hospitals in Aden permits scarcely more than rough generalizations as to the prevalence and the distribution of specific diseases among the peoples of the Protectorate. The diseases of primary concern in this area are malaria, tuberculosis, dysentery and eye and skin infections, all